

# REPORT OF DUTY - STATE ACTIVE DUTY PERSONNEL

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

LOCATION: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## CODE

D - DUTY STATUS  
A - ORDINARY LEAVE STATUS  
M - MILITARY LEAVE STATUS (INCLUDE MILITARY ORDERS)  
W - LEAVE WITHOUT PAY STATUS  
S - SICK LEAVE STATUS (INCLUDE OTAG FORM 600-1)  
HC - HOLIDAY CREDIT  
SC - SATURDAY/SUNDAY HOLIDAY CREDIT  
J - JURY DUTY  
PH - PERSONAL HOLIDAY

ENTER  
DUTY DAYS

ENTER  
OTHER THAN DUTY  
DAYS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

REMARKS:

I certify that the attendances and absences recorded above are correct and that all leave was approved in accordance with existing laws and regulations and that there has been no change in my dependency status for the period concerned.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMMANDER/SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE